U.S partment of Labor Office Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 880 %	2. Fiscal Year Covered From:			
· ·	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name William J Baker	Name Plumbers AFL-CIO, Local Union No. 16			
	Labor Organization File Number 019-806			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4801 F Street	Street 4801 F Street			
City Omaha	City _{Omaha}			
State Nebraska ZIP Code + 4 68117	State Nebraska ZIP Code + 4 68117			
5. Position in labor organization. Recrding Secretary				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade na		7.a. Nature of Interest, Transaction, or Income.				
Name Omaha Plumbers Joint Apprenticeship Fund		Attendance of one-week training seminar sponsored by United Association of Plumbers and Pipefitters				
Trade Name, if any:		Airfare-\$218.70 Lodging-\$824.00				
P.O. Box, Bldg., Room No., if any		Lost Wages-\$1,455.84 \$40.00 per diem X 7 days=\$280.00				
Street 4801 F Street		7.b. Amount.				
City Omaha		\$2,779				
State Nebraska ZIP Co	ode+4 68117					

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
undersigned's knowledge and belief, true, correct, and complete. (See the se	Ction on	penaities in the instruc	cuons.)			
Signed //	On	08/02/2005	(402)734-6274			
		Date	Telephone Number			

Name of Person Filing William Baker *	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name N/A						
Trade Name, if any:	a. Labor Organization b. Trust					
P.O. Box, Bldg., Room No., if any	c. Employer					
Street	C. Employer					
City						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name N/A	N/A					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing. \$0					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4	N/A					
	12.b. Amount. \$0					
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name $_{ m N}/_{ m A}$						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					